

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3420HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/23/2010
NAME OF PROVIDER OR SUPPLIER SPRING VALLEY HOSPITAL MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5400 SOUTH RAINBOW BLVD LAS VEGAS, NV 89118		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 06/23/10 and finalized on 06/23/10, in accordance with Nevada Administrative Code, Chapter 449, Hospital.</p> <p>Complaint #NV00025566 was substantiated with deficiencies cited. (See Tag S0298)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following deficiencies were identified.</p>	S 000			
S 298 SS=D	<p>NAC 449.361 Nursing Service</p> <p>9. A hospital shall ensure that its patients receive proper treatment and care provided by its nursing services in accordance with nationally recognized standards of practice and physicians' orders.</p> <p>This Regulation is not met as evidenced by: Based on interview, record review and document</p>	S 298			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

C86

(X6) DATE

7/9/10

STATE FORM

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BUREAU OF LICENSURE AND REGULATION
HEALTH CARE SERVICES

Continuation sheet 1 of 2

Bureau of Health Care Quality and Compliance

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S 298	Continued From page 1 review the facility emergency room staff failed to provide proper care and follow infection control guidelines by not properly cleaning and removing large amounts of blood from a patients scalp laceration, face and forehead prior to discharge. (Patient #1) Severity: 2 Scope: 1 Complaint # 25566	S 298	Upon review of the medical record it was identified that the nurse involved was from a supplemental staffing agency called AYI Healthcare. The CNO has placed the nurse on the do not return list in the staffing office as well as made a formal written complaint to the agency. In addition, she has been reported to the Board of Nursing for failure to follow proper infection control practices. In addition, the hospital participated with OHSA in a follow-up survey that was conducted which at this time has not provided us with a findings report. The issue will be placed as an agenda item for the next Emergency Department staff meeting to be completed by July 31, 2010 by the department director.	

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Continuation sheet 2 of 2

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LAS VEGAS, NEVADA